of menstrual extraction are its lack of serious complications and the fact that it obviates the need for the more expensive and risky dilatation and suction curettage. Immediate side effects occur in approximately 6 percent of patients, and these include syncope, nausea and pain. Late complications include endometritis in 0.8 percent to 2 percent, excessive bleeding in 0.6 percent to 3 percent, cervical or uterine perforation in less than 0.01 percent and incomplete evacuation in 0.6 percent to 2.5 percent.

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## Tetracycline for the Treatment of Gonococcal and Nongonococcal Urethritis

IN 1979 THE Centers for Disease Control (CDC) changed the previous recommendation of procaine penicillin as the drug of choice in uncomplicated gonorrhea to include three drug regimens of choice:

- Aqueous procaine penicillin G (APPG): 4.8 million units injected intramuscularly at two sites, with 1 gram of probenecid by mouth;

*or*

- Tetracycline hydrochloride: 0.5 grams by mouth four times a day for five days (total dosage 10.0 grams). Other tetracyclines are not more effective than tetracycline hydrochloride. All tetracyclines are ineffective as a single-dose therapy;

*or*

- Ampicillin or amoxicillin: ampicillin, 3.5 grams, or amoxicillin, 3.0 grams, either with 1 gram of probenecid by mouth.

Gonorrhea continues to be a major public health problem, with nongonococcal urethritis (NGU) becoming even more prevalent. Of great concern is the fact that postgonococcal urethritis (PGU) occurs in 30 percent to 60 percent of heterosexual men who are treated with drugs other than tetracycline for their gonorrhea.

Both NGU and PGU are caused by *Chlamydia* or other similar tetracycline-sensitive agents; PGU is simply the infection unmasked after concomitant gonorrhea-chlamydial exposure is treated with a drug that is not effective against NGU. NGU requires at least seven days of tetracycline therapy —0.5 grams by mouth four times a day—and many practitioners therefore treat gonorrhea with tetracycline for this length of time to provide adequate therapy for possible concomitant NGU.

There are other advantages to using tetracycline: (1) like penicillin, it is likely to be effective against incubating syphilis; (2) it may reduce the recent increasing incidence of penicillinase-producing *Neisseria gonorrhoeae* (PPNG) strains; (3) it was effective against a recently reported case of a gonorrhea strain resistant to both penicillin and spectinomycin; (4) cost, and (5) low incidence of adverse reactions.

Tetracycline should not be used in children, pregnant women or in patients where compliance is an important consideration. Although NGU is not reportable in many states, it should be remembered that, like gonorrhea, the asymptomatic partner should be treated. Tetracycline is an excellent choice for this indication as well.

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## Sports Medicine—Objectives of the Preparticipation Evaluation

INCREASING NUMBERS of family physicians are being called on to assess the fitness of potential young athletes to participate in competitive sports. Whereas in the past this assessment was a cursory examination that most practitioners conducted with little thought or preparation, recent evidence suggests that a thorough and rigorous evaluation will benefit both the physician and athlete if the following objectives are accomplished: (1) determination of the general state of health and treatment of remedial conditions; (2) determination of the level of physical fitness and recommendations for same; (3) assessment of size and maturation to aid in determining the safety of participating with peers; (4) evaluation of preexisting injuries and recommendations for rehabilitation where appropriate; (5) restriction of activity or disqualification from specific sports when contraindicated by physical limitations or disease that would preclude safe participation, and (6) recom-